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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Western Reserve Life Assurance Co. of Ohio
<b>TOI/Sub-TOI:</b>	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
<b>Product Name:</b>	MIB Administrative Change-WRL		
<b>Project Name/Number:</b>	MIB Administrative Change-WRL/MIB Administrative Change-WRL		

## Filing at a Glance

Company:	Western Reserve Life Assurance Co. of Ohio
Product Name:	MIB Administrative Change-WRL
State:	Arkansas
TOI:	ML02 Multi-Line - Other
Sub-TOI:	ML02.000 Multi-Line - Other
Filing Type:	Form
Date Submitted:	11/08/2012
SERFF Tr Num:	AEGB-128761593
SERFF Status:	Closed-Accepted For Informational Purposes
State Tr Num:	
State Status:	Closed-Accepted for Informational Purposes
Co Tr Num:	MIB ADMINISTRATIVE CHANGE - WRL
Implementation	01/01/2013
Date Requested:	
Author(s):	Margaret Frei, Connie Lehman
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/14/2012
Disposition Status:	Accepted For Informational Purposes
Implementation Date:	

State Filing Description:

**State:** Arkansas **Filing Company:** Western Reserve Life Assurance Co. of Ohio  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** MIB Administrative Change-WRL  
**Project Name/Number:** MIB Administrative Change-WRL/MIB Administrative Change-WRL

## General Information

Project Name: MIB Administrative Change-WRL Status of Filing in Domicile: Pending  
Project Number: MIB Administrative Change-WRL Date Approved in Domicile:  
Requested Filing Mode: Informational Domicile Status Comments: Filed concurrently in Ohio, our state of domicile.  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 11/14/2012  
State Status Changed: 11/14/2012  
Deemer Date: Created By: Connie Lehman  
Submitted By: Connie Lehman Corresponding Filing Tracking Number: 3Y001017

### Filing Description:

As required by our contractual agreement with MIB, Inc., Western Reserve Life Assurance Company of Ohio is revising the authorization language that appears in our previously approved life insurance application forms. The change benefits the consumer alone and not the company and it is not mandated under state insurance law. This change is to add language to elicit an applicant's express written consent to report personal health information to MIB.

The following language will replace any existing MIB language effective January 1, 2013.

[I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB, Inc. ("MIB"), or other organization, institution or person, that has any records or knowledge of me or my health, to give to Western Reserve Life Assurance Company of Ohio, or its reinsurers, any such information. I authorize Western Reserve Life Assurance Company of Ohio, or its reinsurers, to make a brief report of my personal health information to MIB. A photographic copy of this authorization shall be as valid as the original.]

Included is a certification that all forms containing MIB, Inc. authorization will be revised solely with the exact language required by MIB, Inc. and no other changes will be made.

Please contact me if you need any additional information or have any questions. I can be reached by telephone at 319-355-6529, or by email at [connie.lehman@transamerica.com](mailto:connie.lehman@transamerica.com).

## Company and Contact

### Filing Contact Information

Connie Lehman, [Connie.Lehman@Transamerica.com](mailto:Connie.Lehman@Transamerica.com)  
4333 Edgewood Road NE 319-355-6529 [Phone]  
Cedar Rapids, IA 52499

### Filing Company Information

Western Reserve Life Assurance	CoCode: 91413	State of Domicile: Ohio
Co. of Ohio	Group Code: 468	Company Type:
4333 Edgewood Road NE	Group Name:	State ID Number:
Cedar Rapids, IA 52499	FEIN Number: 43-1162657	
(319) 355-7888 ext. [Phone]		

## Filing Fees

**Company Tracking #:** MIB ADMINISTRATIVE  
CHANGE - WRL

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Western Reserve Life Assurance Co. of Ohio
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Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Domicile state fee is \$0.
Per Company:	No

Company	Amount	Date Processed	Transaction #
Western Reserve Life Assurance Co. of Ohio	\$50.00	11/08/2012	64685844

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	11/14/2012	11/14/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Western Reserve Life Assurance Co. of Ohio
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## Disposition

Disposition Date: 11/14/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Name Change Endorsement		No
Supporting Document	Address Change Endorsement		No
Supporting Document	CERTIFICATION		Yes

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	CERTIFICATION		
Comments:			
Attachment(s):			
WRL CERTIFICATION.pdf			



## CERTIFICATION

DATE: OCTOBER 30, 2012

TO: STATE INSURANCE DEPARTMENT

RE: CHANGES TO MIB, INC, AUTHORIZATION FORMS

On behalf of Western Reserve Life Assurance Co. of Ohio, I hereby certify to the following:

- All forms will be revised solely to company with the exact language required by MIB, Inc.
- The MIB authorization is the only change being made to the application forms.

A handwritten signature in black ink, reading "Lisa M. Groothuis". The signature is written in a cursive, flowing style.

Lisa M. Groothuis  
Director, Product Compliance